

根據康復法案第504節， 投訴社會保障署對殘疾人的歧視 或沒有滿足殘疾人士的需求的行為

(Section 504 Complaint against Social Security for discrimination on the basis of disability or for failure to accommodate disability needs)

美國殘疾人法案不適用於聯邦政府。¹ 然而，聯邦政府的機構包括社會保障署是受康復法案第504節 (29 U.S.C. §794) 制約的。康復法案第504節規定社會保障署不得因其殘疾而歧視任何人。康復法案第504節規定社會保障署要採取合理措施滿足來申請福利和領取福利的人因殘疾而有的需求。康復法案第504節要求社會保障署的設施要為使用輪椅和助行扶架的人或失明或聾啞的人提供使用的方便。康復法案第504節還規定社會保障署需為有精神或智能殘疾的人士提供方便。這意味著不得因為他們的精神和智能殘疾使得填寫申請表，匯報情況或審閱有關程序有困難而拒絕他們的福利。

如果您認為因為您有殘疾而受到了不公平的對待，您有權提出第504節民權投訴。不公平的待遇可包括沒有為您提供因您殘疾而所需要的額外幫助。以下是違反康復法案第504節的不公平待遇的例子：

- 您在填寫社會保障署的表格時需要幫助，但社會保障署不給您提供幫助也不去找人幫助您。
- 社會保障署要求您提供資料，但您需要幫助才能獲得這些資料，而社會保障署卻不為您提供幫助。
- 您需要手語譯員協助您與社會保障署的會面，但社會保障署不願提供手語譯員。
- 您無法到社會保障署去做每年一度的復審，而社會保障署卻不願到您家里來或以電話形式作復審。
- 您到社會保障署的辦事處想讓他們幫助您理解您收到的一份通知，但您提出要他們幫助時卻受到粗略或不耐煩的對待。
- 當您要提示上訴時，您去不了辦事處，電話上的社會保障署的人不給您他或她的名字，或提供其他的方式證明您打了電話。這意味著，因為您無法去社會保障署的辦事處，您無法證明您能起動上訴的程序。
- 社會保障署在決定造成福利超付的責任及該超付是否可以豁免時，不考慮您殘疾所造成的局限性。
- 您有困難表達您自己或您的說話很難讓人聽懂，但社會保障署根本沒有耐心理解您想說什麼。
- 社會保障署知道您不理解在您的工資收入有變化時您需要報告，但卻不幫助您按報告要求去做。

¹ 然而，殘疾評估處，與聯邦社會保障署有合同而對殘疾作初步估計及對某些個案是否繼續符合殘疾的標準作審核的州政府機構，是受到美國殘疾人法案和康復法案第504節約束的。

- 您沒有出席與社會保障署約好的會面，社會保障署以您不合作為理由停止了您的福利，儘管社會保障署知道您有的殘疾可能會干擾您的合作能力。在這種情況下，社會保障署有責任去作調查以證實您沒有合作是因為其他理由而不是您的殘疾。

如何填寫投訴表格：

如果您沒有可靠或固定的地址，您應該使用別人的地址。在地址一欄寫上 c/o (托交)，然後寫該人的姓名和地址。

在殘疾一欄，您可以標明殘疾的類型或殘疾是如何影響您的，或兩樣都寫。例如，您可以寫「精神殘疾」或「精神殘疾使得我很難留在如等候室那樣人多的地方」。或您可以寫「脊椎受傷」或「輪椅使用者」。

在「歧視何時發生」一欄，這通常指您受到不公平對待的那天（月和年）。除非有充分理由提出超期的投訴，社會保障署將不處理超過六個月以上的投訴。

在「發生何事？」一欄，解釋您為何認為您因殘疾而受到不公平待遇。歧視可能是因為您特有的殘疾。或者歧視可能是因為社會保障署知道您因為殘疾需要特殊照顧但拒絕為您提供該照顧。您不需受到「發生何事？」一欄的空間的限制。您可以另外加頁描述。

請注意：第504節投訴，額外於您普通上訴或豁免請求的投訴。重要的是您在接到通知書之後60天內提出要求重新考慮或聽證的請求。

請將您的第504節投訴寄到 Social Security Administration - Office of the General Counsel Room, 617 Altmeyer Bldg., 6401 Security Boulevard, Baltimore, MD 21235-0001。保留一份您投訴的復印件並將您寄出投訴的日期寫在復印件上。如果您在四到六個星期之內沒有得到社會保障署的回信，您應該查詢。處理第504節投訴的辦公室的電話是 (415) 437-8053。打電話時，說明您遞交了對社會保障署的第504節民權投訴，以便您能找到應找的人。

如果您對社會保障署及您的第504節權利有任何問題，
請隨時來電 Protection & Advocacy 公司，
號碼是 1-800-776-5746。

SOCIAL SECURITY

Office of the General Counsel

You may use the attached discrimination complaint form or a letter to file a Civil Rights complaint with the Office of the General Counsel for Social Security. If you file a complaint by letter, it must include the same information requested in the form.

Complaints of discrimination usually must be filed within 180 days of the alleged discrimination. If you have waited longer than 180 days, you must explain why. OGC will waive the 180 day requirement in cases where OGC determines there was good cause (extenuating circumstances) for late filing.

Anyone who believes he or she or a class of people have been discriminated against by the Social Security Administration (SSA) may file a complaint, or may have a representative file such a complaint. To file a complaint, please mail a completed and signed discrimination complaint and a signed consent and release to:

Social Security Administration
Office of the General Counsel
Office of General Law
Suite No. 56, P.O. Box 26430
Baltimore, MD 21207

You may also call (410) 965-3166. If you have any questions or wish to discuss this matter, you may also write to us at the above address or call the above number. We will ensure that the individual's or group's civil rights are preserved and work to correct any problems we find within SSA.

General Counsel
of Social Security

Enclosures:
Discrimination Complaint Form
Consent and Release Supplemental Form

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. & 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about an hour to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

USES OF PERSONAL INFORMATION FOR INVESTIGATIONS

The information collection is authorized by 5 U.S.C. § 301; 29 U.S.C. §791 et. seq.; 42 U.S.C. §§902(a)(5), 1305 note. Those statutes require the agency not to discriminate on the basis of disability and authorize the Commissioner establish policies to prohibit Social Security Administration and SSA employees from discriminating based upon race, color national origin, sex, age, religion, or retaliation in any program or activity conducted by SSA,

There are two federal laws governing personal information given to all Federal agencies, including the Office of the General Counsel (OGC):

- The Privacy Act of 1974, (U.S.C. Sec. 522a); and
- The Freedom of Information Act, (5 U.S.C. Sec. 522).

The Privacy Act protects individuals from misuse of personal information held by the Federal government. The law applies to records that are kept and that can be located by the name, social security number, or other personal identification system.

OGC will use personal information for authorized civil rights activities and other Privacy Act routine uses. Generally, OGC will not release information unless the person who supplied the information submits a written consent, or unless release is required under the Freedom of Information Act or other Federal statute or regulation. However, OGC can refer complaints to other Federal agencies, such as the Department of Justice, the Department of Labor and the Equal Employment Opportunity Commission, without the person's prior consent. This authority is provided under the "routine use" exception of the Privacy Act.

OGC may give/release information to other government agencies, such as the Department of Justice, when an SSA component has violated civil rights laws or regulations.

OGC cannot require a person to give personal information, and OGC will not impose sanctions on a person who refuses to provide personal information. **However, if, as a result of this refusal, OGC cannot investigate the allegations of discrimination, OGC may close the investigation.**

The Freedom of Information Act (FOIA) gives the public the right of access to files and records of the Federal government. With some exceptions, SSA must honor FOIA requests, though our policy is to do so without releasing a person's name or other personal information (as opposed to identification). SSA is generally not required to release documents if the release would interfere with SSA's ability to complete its work; as, for example, during an investigation or enforcement proceeding. Also any Federal agency may refuse a request for files or records if the release would be an unnecessary invasion of an individual's privacy.

Social Security Administration Discrimination Complaint

Person Allegedly Discriminated Against

Name _____
(First) (MI) (Last)

Social Security Number _____ — _____

Address (include City, State, Zip Code)

Daytime phone number where you can be reached (____) _____

1.a. Which of the following best describes the basis for the discrimination? *(You may check more than one reason.)*

_____ DISABILITY

_____ RACE

_____ COLOR

_____ NATIONAL ORIGIN

_____ AGE

_____ SEX

_____ RELIGION

_____ RETALIATION

1.b. For each reason you checked above, please specify the particular disability, race, sex, etc.

2. Describe the act(s) of discrimination. *(Clearly explain what happened and why. Be sure to include how other persons were treated differently from you or the person discriminated against. You may use extra paper if necessary.)*

3. If you believe there was retaliation against you for filing or participating in a prior discrimination complaint, please explain the basis for the retaliation below.

4.a. When did the current alleged discrimination take place?

Earliest Date

Most Recent Date

Month/Day/Year

Month/Day/Year

4.b. Have you waited more than 180 days since the most recent date of the alleged discrimination to file this complaint? If so, please explain why. *(You may use additional paper if necessary.)*

5.a. Have you filed a complaint about the same incident(s) with the Office of the General Counsel (OGC) before?

Yes _____ No _____

5.b. If yes, when: _____
Month/Day/Year

5.c. What is the status of that prior complaint?

6.a. Have you filed a complaint about any prior incident with OGC before?

_____ Yes _____ No

6.b. If yes, when: _____
Month/Day/Year

6.c. What is the status of that prior complaint?

7. Please list the names, addresses and phone numbers of any witnesses to the alleged incident(s), including Social Security employees:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.a. Have you tried to resolve this complaint with the Social Security office where the alleged discrimination took place?

_____ Yes _____ No

8.b. If not, why not?

8.c. If yes, what happened?

8.d. Name and title of the manager/supervisor who handled the complaint:

Name _____

Title _____

9.a. Have you made a complaint about this anywhere else?

_____ Yes _____ No

9.b. If yes, name of organization.

10. Are you filing this complaint because your benefits were ceased?

11. Identify Person Filing the Complaint: *(Complete if not provided previously)*

Name _____

Address _____

Daytime phone number where you can be reached (_____) _____

12. Dated Signature of Person Filing the Complaint: *(Please sign and date the complaint below. We **cannot** accept a complaint for investigation if it has not been signed.)*

Signature _____

Date _____
Month/Day/Year

Social Security Administration

Discrimination Complaint - Consent and Release

Please complete and sign this consent and release and return the consent and release to the address on the cover page.

I have read the notice about the need for and uses of personal information to investigate this discrimination complaint.

Consent: (check one)

I authorize OGC to reveal my identity to conduct the investigation of my complaint.

I do not authorize OGC to reveal my identity to conduct the investigation of my complaint.

Release: (check one)

I authorize the release of material and information about me to OGC to conduct the investigation of my complaint. (If you want OGC to restrict the release of this information in any way, please explain below in the comment section.) I further understand that OGC may also disclose this information as required by other Federal statutes, regulations and Privacy Act routine uses.

I do not authorize the release of material and information about me to OGC to conduct the investigation of my complaint. (If you want OGC to restrict the release of this information in any way, please explain below in the comment section.) I further understand that OGC may also disclose this information as required by other Federal statutes, regulations and Privacy Act routine uses.

Comments:

Signature: _____

Date: _____

(Please keep a copy of this for your records.)